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Sierra Pacific MIRECC Advanced Fellowship Program in Mental Illness and Treatment

VA Palo Alto Health Care System
3801 Miranda Avenue
Palo Alto, California 94304

2016 – 2017

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Introduction

The Sierra Pacific Mental Illness Research, Education, and Clinical Center (MIRECC) Fellowship is one of 23 sites of the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliations. Congress established the MIRECC and CoEs (Centers of Excellence) to research the causes and treatments of mental illness as well as to disseminate new knowledge for implementation into VA clinical care. See more at <http://www.mirecc.va.gov/index.asp>.

The mission of the Sierra Pacific MIRECC is to build an integrated system of clinical, research, and educational efforts designed to improve the clinical care for aging veterans with dementias and with PTSD both in VISN 21 and system-wide. Dementia and PTSD share common clinical symptoms including cognitive difficulties, sleep disorders, and agitation and the Sierra Pacific MIRECC aims to evaluate current approaches and develop new treatments for these clinical problems. In support of this mission, the Sierra Pacific MIRECC Fellowship provides specialized training in two emphasis areas: Aging/Dementia and PTSD. We do not provide funded postdoctoral training in any other areas than those described in this brochure. No postdoctoral training program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to submit an application to the Sierra Pacific MIRECC Fellowship at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

Training at VA Palo Alto

The VA Palo Alto Health Care System (VAPAHCS) provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our postdoctoral fellowship program has been continually accredited by the [American Psychological Association](#) (APA) since 2004, with our recent APA site visit confirming our accreditation until 2018 (when our next site visit will be scheduled).

The mission of the Sierra Pacific MIRECC Fellowship is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary goal of the postdoctoral program is for Fellows to develop the full range of skills required for independent functioning as a psychologist, including skills involved in clinical assessment and intervention; consultation, supervision, and teaching; scholarly inquiry; organization, administration, management, and program evaluation activities; and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for veterans. VA's national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health

Professions Review Subcommittee, 1997). The Sierra Pacific MIRECC includes two emphasis areas drawn from these priorities: Aging/Dementia and PTSD. In collaboration with their mentors, Fellows will develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery.

In this Introduction we describe the key procedures such as application, selection, and discuss how the program is organized. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire. Following the introduction, sections appear that describe the training sites, including specific details on program structure, patient population, theoretical orientation, and the nature of supervision for each training site. At the Sierra Pacific MIRECC, Fellows receive mentorship in the emphasis areas of Aging/Dementia and PTSD from internationally renowned clinical researchers. Please see Appendix A for a listing of our Faculty Mentors.

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.



The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. Internship training sites are available in four of these locations (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. As of June 2015, this health care system has over 4000 employees, is located on more than 300 acres, and operates on an annual budget of over \$915 million in Fiscal Year 14 (FY14). Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 68,000 unique patients per year. Fellowship training

sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

VAPAHCS has the second largest research program in VA with annual funding of \$58M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease, spinal cord regeneration, schizophrenia, and post-traumatic stress disorder. VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Bone and Joint Center of Excellence, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

Organizationally, the Sierra Pacific MIRECC Fellowship is housed within Psychiatry Service, Division of the MIRECC, at VAPAHCS. Within VAPAHCS, this fellowship program operates conjointly with MIRECC and the broader Clinical Training Program within VAPAHCS Psychology Service. The MIRECC

Introduction and Program Overview

operates in an interprofessional, collegial fashion with other disciplines, and Fellows obtain training and clinical experience in interprofessional work. The Sierra Pacific MIRECC Fellowship is formally affiliated with Stanford University School of Medicine. Indeed, Fellows enjoy affiliative privileges that include access to key academic resources and additional support through the Office of Postdoctoral Affairs at Stanford.

In addition to basic medical and mental health care programs, VAPAHCS has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, a Comprehensive Rehabilitation Center, the Western Region Blind Rehabilitation Center, the National Center for PTSD, a Women's Trauma Recovery program, Homeless Veterans Rehabilitation program, and a Geriatric Research, Educational, and Clinical Center (GRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

Sierra Pacific MIRECC Postdoctoral Fellow Funding, Benefits, and Eligibility

The Sierra Pacific MIRECC Fellowship is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual postdoctoral stipend at the Sierra Pacific MIRECC is \$50,006. This stipend requires a full calendar year of training. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health insurance is also available to dependents and married spouses of fellows, including to legally married same-sex spouses of fellows. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp.

Our psychology training is geared to individuals who will have completed their doctoral degrees from APA-accredited clinical or counseling psychology program and will have completed an APA-accredited psychology internship program, are functioning at an advanced level, and have clinical and research experience in the emphasis area of interest. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at www.psychologytraining.va.gov/eligibility.asp. The number of postdoctoral positions available within this Fellowship has varied in the past, but is expected to be 1 in the 2016-2017 training year. Applicants with interest in Aging/Dementia or PTSD are encouraged to apply.

MIRECC Fellowship Structure

The Fellowship consists of two calendar years of full-time supervised training; our start date can be somewhat variable, depending on the Fellow's date of graduation and other needs. Generally, Fellows start on September 1 each year, but we have had Fellows start in August or later in September, up to October 1. A later start date than October 1 would not usually be considered. The Fellowship ending date will be determined based on the specific start date of each fellow. Fellows must complete the full two years of training, so a start date should be determined with consideration of hopes for availability for future employment (e.g., ending in time to begin an academic position). The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time.

Training is based on a 40-hour workweek, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days),

and authorized absence for professional activity. Like staff, Fellows are paid for 40 hours per week, no matter how much time is spent. Most staff do not get their work done in the allotted 40 hours, and we suspect that most Fellows will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and Fellows will see considerable emphasis on being available, especially during working hours. On the other hand, this is not a 60-hour per week or more Fellowship. Each Fellow will work at least 40 hours intensively each week. How much more than a Fellow works depends on many factors, including interest in additional training experiences, research involvement, time-effectiveness in completing paper work and other work demands, etc. The Fellow's emphasis area Mentor and the Fellowship Director will help plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.

Research Opportunities and Expectations

Each Fellow is expected to participate in research during their training tenure with the Fellowship. Fellows choose research projects within their stated area of emphasis (Aging/Dementia; PTSD) and work collaboratively with their research mentors to: a) identify or develop meaningful clinical research projects that address key areas of veterans mental health needs; b) identify roles on ongoing clinical research projects (including the numerous clinical trials available at MIRECC that may foster the advanced development of both clinical and research skills; and c) participate in the development and submission of empirical manuscripts, grants and other scholarly projects focused on the mental health needs of today's veterans.

Fellows are expected to complete a meaningful research project during their two year Fellowship, and to consistently show clear markers of their research productivity. These key markers include: a) the development of a grant proposal; b) generating an article and submitting it for publication; c) presentation of this project at a professional meeting; d) developing and presenting an in-service training module, or some other marker of productivity. Fellows have substantial protected time for research each week, which facilitates expeditious completion of these projects. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

Clinical Rotations

Each Fellow has a chance to participate in decisions about rotations within the relevant emphasis area. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. Discussion of this process will be emphasized during interviews that occur prior to admission. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and thus the design of each Fellow's program. In addition, evaluation is a mutual process among Fellows, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each Fellow and for the training program.

Didactics

MIRECC Fellows have the opportunity to participate in many didactics throughout the training year. Fellows participate in didactics specifically focused upon the national community of Fellows in the Advanced Fellowship Program for Mental Illness Research and Treatment. Fellows from all participating training sites join by video-teleconference (V-Tel). These required twice monthly, two hour didactics feature "hot topics" in clinical practice, clinical and research ethics, research methods and biostatistics, academic citizenship (e.g., participation in the peer review process), mental health priorities within VHA, research methods, as well as broader aspects of personal (work life balance) and career development

(promotion and tenure). Fellows also have the opportunity to participate in optional monthly Grant Writing and Manuscript Writing Workshops through V-Tel.

Fellows will also attend seminars in Psychology Service at VAPAHCS. The seminar experiences are required for MIRECC Fellows as well as all clinical Fellows within the Psychology Service APA-accredited postdoctoral program, and some of the seminars are open to other Psychology Fellows in the VAPAHCS system. The first of these seminars is a Professional Development. A variety of topics are covered, all attending to issues of professional development, identity, and self-confidence. Fellows participate actively in determining topics and speakers for this series. In addition, part of the seminar involves training on developing a Continuing Education conference, culminating in presentation of a CE course that has been designed and implemented by the Fellows, intended for an audience of Psychology and other interprofessional health care providers (Psychology Service at VAPAHCS is an APA-approved provider of CE credits). The second seminar focuses on the development of skills as a clinical supervisor and complements Fellows experiences within rotations acting as case supervisors for interns or practicum students and receiving supervision on that supervision. The seminar provides an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, all Fellows are expected to supervise at least two cases seen by an intern or practicum student, while receiving supervision on that supervision, from the intern or practicum student's primary staff supervisor.

We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship year and we include information and discussion about the licensure process in the seminar series throughout the year. Fellows typically participate in an optional licensing preparation group, led by the Fellows themselves. More information about licensure in California can be found at www.psychboard.ca.gov. The program also provides recent licensure study materials to assist Fellows in their licensure preparation.

Other Educational Opportunities for Postdoctoral Fellows

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (now requiring 15 hours), we provide each of these classes during the year as part of the predoctoral internship seminar; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the interns. Licensed psychologists in California are required to have continuing education; we are approved by APA to provide that training, and most CE training for staff is open to Fellows. In addition, each year there are several full day conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to trainees; topics vary from year to year. Several VA clinical research centers (GRECC, Ci2i, National Center for PTSD), as well as Stanford Department of Psychiatry, offer regular seminars or grand rounds, which are open to Fellows.

Training Objectives for the Fellowship Year

We have two overarching goals for our postdoctoral training program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist.
2. Fellows will develop skills required to function effectively as a psychologist in a high priority area of health care for aging veterans (e.g., Aging/Dementia; PTSD).

Competencies for our first goal are defined by the general advanced practice competence domains identified by APA's Committee on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of the year, competence in the following areas:

- Clinical assessment, diagnosis, and intervention
- Consultation, supervision, and teaching
- Scholarly inquiry
- Organization, administration, management, and program evaluation
- Professional, ethical, and legal issues
- Cultural and individual diversity

The competencies for our second goal are defined as much as possible by national accepted or emerging criteria defining expertise in the specific area of emphasis. Many of the specific competencies for each emphasis area are consistent with the general advanced practice competencies described above. The specific emphasis area competencies are the following:

Clinical Geropsychology has been recognized as a proficiency area by the American Psychological Association and the related guidelines for competence have been approved by APA Council in 2003; they appear on the APA website. This emphasis area involves training in the thirteen areas of Geropsychological competency:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and Crisis intervention Services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

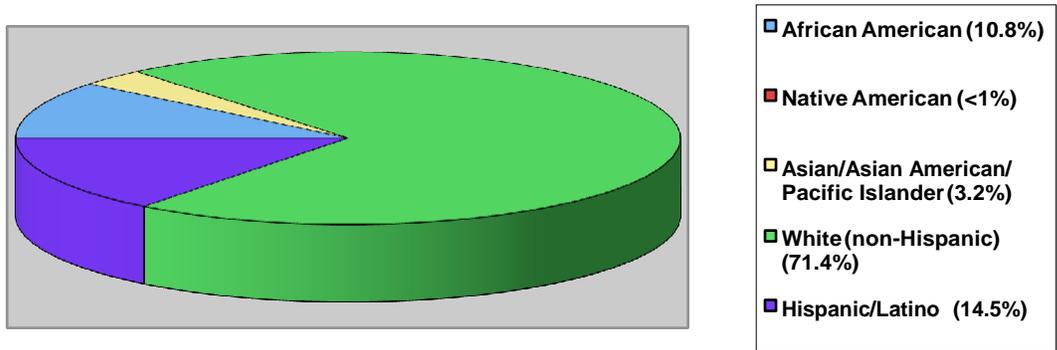
Post Traumatic Stress Disorder emphasis area competencies are derived from a review of number of relevant and respected sources (for example, the National Center for PTSD and APA Division 56 – Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral fellowships, since national standards defining competency in the treatment of PTSD are still evolving. This emphasis area involves training in the following competency areas:

- Empirically validated and supported treatments for PTSD across the full continuum of care
- PTSD research and theory, particularly that pertaining to combat-related PTSD in Vietnam and post-Vietnam era veterans, active duty military personnel, military reservists, and National Guard members
- Empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance abuse disorders and mild to moderate traumatic brain injury
- Military culture and its impact on the course and treatment of PTSD
- Therapist self-care
- Assessment of core PTSD assessment modalities, assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance abuse disorders, mild to moderate traumatic brain injury, and anxiety disorders other than PTSD, and assessment of therapeutic and programmatic efficacy

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation’s current military conflicts. While most of the patients are male, VA Palo Alto has specific women’s mental health programs drawing female veterans and active-duty personnel from around the nation. Female patients now account for 15% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic backgrounds in the pie chart below. However, there are many rotations that serve an even larger proportion of patients from ethnic minority backgrounds.

VA Palo Alto Demographics



The Postdoctoral Seminar in Psychology Service devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The postdoctoral program also takes seriously the support of fellows’ professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of fellows from a wide range of backgrounds. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

Training Objectives and Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2002), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

7.4 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the Fellow is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, MIRECC staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Fellows should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Evaluation Process

Supervisors, Mentors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Fellowship Director, Director of Training, Research Mentor, and Clinical Supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, Supervisors, Mentors, and the training program as a whole. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

We have developed well-specified, measurable exit competencies for our two overarching training goals (i.e., general advanced practice competencies, emphasis area specific competencies). For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end-of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the end of each

rotation, the Research Mentor evaluates Fellow's overall progress toward reaching the general advanced practice competencies and the emphasis area specific competencies, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due Process procedures are in place to work towards resolution of the problem if possible. The Due Process procedure is reviewed in detail with Fellows during orientation at the start of the year.

Application and Selection Process

Selection of Fellows is done by the Postdoctoral Selection Committee, with input from the staff in each emphasis area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience areas relevant to the Sierra Pacific MIRECC mission
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of answers to the application questions
- Goodness of fit between the applicant's stated objectives and the training program and medical center's resources
- Strength of letters of recommendation from professionals who know the applicant well

The Fellowship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities.

In order to apply to our fellowship program, you must submit **via email** the required application elements listed below. The fellowship brochure is updated in the fall of each year and may be obtained by emailing the Fellowship Director, Kaci Fairchild, PhD, ABPP, at JenniferKaci.Fairchild@va.gov. This year the due date will be **December 15, 2015**. **All application materials must be received by us on or before this date**. Incomplete applications will not be read by the Postdoctoral Selection Committee.

All application elements from you (#1-3) should be sent electronically to JenniferKaci.Fairchild@va.gov in one email. A separate electronic cover letter is not expected (note that any text in your transmittal email will not be saved as part of your application). Letters from your recommendation letter writers (# 4) should be emailed to JenniferKaci.Fairchild@va.gov from their institutional (e.g., university or agency) email address with your name indicated in the subject line. We encourage all files to be sent as Microsoft Word or Adobe Acrobat files. Please do not mail any materials in hard copy form.

Application Requirements List:

1. A signed letter of interest that strictly follows the instructions. Please review the Sierra Pacific MIRECC Fellowship Training Brochure, which describes our programs training goals and opportunities with Training Faculty. In your letter please described,
 - Your previous educational, clinical and research experiences
 - Your areas of clinical and research interest and its alignment with the MIRECC emphasis area(s) and mission

- Specific clinical and research goals and objectives for your Fellowship year
 - Your career “next steps”
2. Current Curriculum Vitae
 3. Work Sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to your identified emphasis area
 4. Three letters of recommendation from faculty members or clinical supervisors who know your research work well. One of these letters must be from your primary research mentor. Letter writers should email an electronic copy from his/her university or agency email address, and this will be considered an official “signed” copy. We encourage letter writers to send documents as Microsoft Word or Adobe Acrobat files.

Following receipt of these materials, a select number of applicants will be invited to interview in person or by telephone, in early January. **Initial fellowship offers will be made by telephone on or before January 28th.** We look forward to hearing from you. Further information can be obtained by contacting the Fellowship Director preferably by email at JenniferKaci.Fairchild@va.gov or at (650) 493- 5000 X 63432.

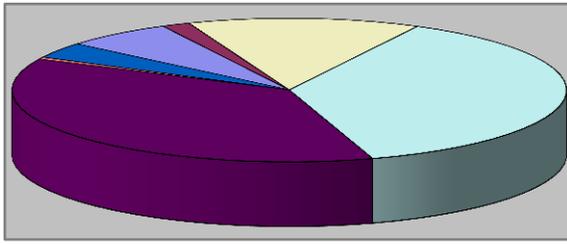
Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Facebook, Apple, and eBay, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and the cultural center of the Bay Area.

The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

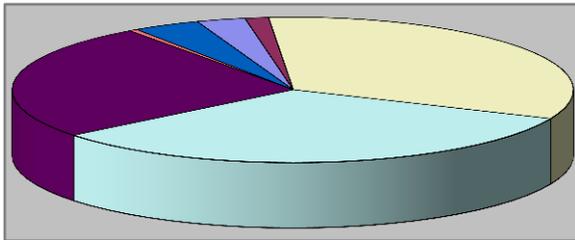
The Bay Area is the sixth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were born outside the U.S. There are 66,749 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved June 25, 2015, from <http://quickfacts.census.gov/qfd/states/06/06085.html>).

California Demographics



- African American (6.6%)
- Native American (1.7%)
- Asian/Asian American/ Pacific Islander (14.1%)
- White (non-Hispanic) (39.0%)
- Hispanic/Latino (38.4%)
- Pacific Islander (0.5%)
- Two or more (3.7%)

Santa Clara County Demographics



- African American (2.9%)
- Native American (1.4%)
- Asian/Asian American/ Pacific Islander (34.1%)
- White (non-Hispanic) (33.9%)
- Hispanic/Latino (26.8%)
- Pacific Islander (0.5%)
- Two or more (4.0%)

The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area sports teams (Oakland A’s, SF Giants, SF 49ers, San Jose Sharks, Golden State Warriors).

Please see the below websites for more information about the local area:

- Palo Alto www.city.palo-alto.ca.us/
- Stanford University www.stanford.edu/home/welcome/campus/index.html
- California home page; click on Environment and Natural Resources for some great photos and info www.ca.gov/state/portal/myca_homepage.jsp
- Monterey Bay Marine Sanctuary www.montereybay.noaa.gov/
- California travel; click on Regions and then SF Bay Area http://gocalif.ca.gov/state/tourism/tour_homepage.jsp

- Bay Area news and information www.sfgate.com/

The Sierra Pacific MIRECC Fellowship values practicing balance in one's professional and personal life, which our Mentors strive for and hope to be good models for our Fellows. If you come to Sierra Pacific MIRECC for fellowship, we hope you will have many opportunities to explore and enjoy living in this great area!

Contacting MIRECC

The Sierra Pacific MIRECC is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Fellowship administration can be reached at the following address and contact information:

Kaci Fairchild, PhD, ABPP
Director, Psychology Fellowship, Sierra Pacific MIRECC (151Y)
Palo Alto VA Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304
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An electronic copy of this brochure may be obtained by accessing the Sierra Pacific MIRECC's website at <http://www.mirecc.va.gov/visn21> or by emailing the Fellowship Director at JenniferKaci.Fairchild@va.gov. Thanks for your interest in our program. Feel free to be in touch Dr. Fairchild if you have additional questions.

The VA Palo Alto Health Care System MIRECC Psychology Fellowship is an APA-accredited program. The [APA Office of Program Consultation and Accreditation](#) can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002-4242; phone number 202 336-5979.

Appendix A

Sierra Pacific MIRECC Fellowship Mentors

Sherry Beaudreau, PhD, ABPP

Dr. Sherry Beaudreau is a licensed clinical psychologist whose research focuses on the bidirectional relationship between late-life anxiety and cognitive functioning and its implications for treatment. She obtained her B.A. in Psychology at Smith College in Northampton, MA and her Ph.D. in Psychology with an aging and neuropsychology emphasis at Washington University in St. Louis. She completed her clinical internship at the Palo Alto VA in 2005 and her postdoctoral fellowship in the VA Advanced Fellowship program in Mental Illness Research and Treatment (MIRT) in 2008. She is currently the Hub Site Co-Director of the MIRT fellowship program, which currently serves 26 national sites. She also serves as a Clinical Associate Professor (affiliated) at Stanford University School of Medicine in the Department of Psychiatry and Behavioral Sciences and an Honorary Associate Professor at the University of Queensland in Brisbane, Australia.

Dr. Beaudreau's research seeks to understand the association of late-life subsyndromal psychiatric symptoms, particularly anxiety, on cognitive performance, impairment, and decline. She aims to leverage this work to develop behavioral interventions for anxiety in older Veterans and has a particular interest in problem-solving therapy. She has secondary interests in male sexual dysfunction and sleep disturbance. Dr. Beaudreau is available to work with Fellows as a primary or secondary mentor in the areas of mental health correlates of neuropsychological performance, neuropsychiatric symptoms in dementia, predictors of cognitive impairment, genetic markers moderating these associations, or interventions for late-life anxiety or depression, including predictors of treatment response. Fellows have opportunities to work with Dr. Beaudreau's existing data in any of these primary or secondary areas of interests. Opportunities to work with large secondary datasets such as the Aging Demographics and Memory Study (ADAMS), Health and Retirement Study (HRS), and Wisconsin Longitudinal Study (WLS) are also available to trainees. Postdoctoral mentorship with Dr. Beaudreau emphasizes manuscript and grant writing. She has published over 30 articles to date and has obtained funding from private foundations, such as the Alzheimer's Association. She also serves as a mentor on a Brain and Behavior Research NARSAD and a VA Career Development Award for one of her previous fellows.

Amit Etkin, MD, PhD

Dr. Etkin is an Assistant Professor of Psychiatry and Behavioral Sciences at Stanford University, and an Investigator in the VA Sierra-Pacific Mental Illness Research Education and Clinical Center (MIRECC) at the Palo Alto VA. Dr. Etkin received his MD/PhD at Columbia University with Nobel laureate Eric Kandel, completed his psychiatry residency and concurrent postdoc at Stanford University with Alan Schatzberg, and joined the faculty at Stanford in 2009. He has been awarded the BRAINS (Biobehavioral Research Award for Innovative New Scientists) R01 Award from the National Institute of Mental Health and a Dana Neuroscience Scholar Award from the Dana Foundation, and is an Associate Editor at *Neuropsychopharmacology*

The overarching aim of the Etkin lab is to understand the neural basis of emotional disorders and their treatment, and to leverage this knowledge to develop novel treatment interventions. The lab's work is organized around the neuroscientific study of emotion and its regulation in healthy subjects and individuals with psychiatric disorders. Ongoing work includes basic neuroscience of emotional and cognitive neurocircuitry, cross-sectional neuroimaging of a range of psychiatric disorders (anxiety, depression and post-traumatic stress disorder), investigation of the neural mechanisms of psychotherapeutic, pharmacological and brain stimulation treatments for these disorders, and trials of neuroscience-based brain training interventions developed in the lab. Additional work using concurrent

transcranial magnetic stimulation (TMS) with fMRI is used to understand how activity in one brain region causally translates into activation in interconnected regions and networks, and how communication within defined neural circuits can be more specifically manipulated by repetitive TMS protocols, both in healthy subjects and patients. For additional information please go to etkinlab.stanford.edu.

Kaci Fairchild, PhD, ABPP

Dr. Fairchild is the Fellowship Director at the Sierra Pacific MIRECC as well as a Clinical Assistant Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. She obtained her PhD in Clinical Geropsychology with a geropsychology emphasis at the University of Alabama, her internship at the Palo Alto VA and a postdoctoral fellowship with a dementia emphasis at the MIRECC/Stanford University School of Medicine, before joining the faculty in 2009. She is also board certified in Geropsychology.

The primary focus of Dr. Fairchild's lab is to reduce the negative effect of late life cognitive impairment and neuropsychiatric disorders in those affected by dementia. This work is accomplished through a three-tiered approach that includes the development and evaluation of interventions that promote healthy function and prevention of future impairment through: 1) the identification of risk factors for late life cognitive impairment, 2) development of non-pharmacological treatments for cognitive impairment and neuropsychiatric disorders; and 3) identification of demographic, cognitive and biological mechanisms of treatment response. Ongoing work addresses these questions through investigation of the role of physical activity and cognitive training in older adults with amnesic MCI as well as the role of physical activity and psychosocial interventions in caregivers of veterans with dementia and/or Traumatic Brain Injury. Dr. Fairchild encourages fellow involvement in manuscript writing, grant preparation, and collaboration with colleagues in Psychology, Psychiatry, Cardiology, and Neurology. Fellows also have the opportunity to work with numerous ongoing federally funded projects in the Fairchild lab as well as the use of secondary data from population-based studies, such as the Health and Retirement Study and the Wisconsin Longitudinal Study.

Allyson Rosen, PhD, ABPP-CN

Dr. Allyson Rosen is a board certified, clinical, geriatric neuropsychologist and Director of Dementia Education for the MIRECC. She has been conducting research on neuropsychological measures, brain imaging and noninvasive brain stimulation in young and older adults for over 10 years at Stanford, National Institutes on Aging, and the Medical College of Wisconsin. She completed her undergraduate training at Brown University, clinical psychology Ph.D. from Case Western Reserve University. She completed specialty training in clinical neuropsychology during internship at Long Island Jewish Hospital and postdoctoral specialization at the Medical College of Wisconsin. She also research fellowships at the National Institute on Aging (Intramural) and the Psychology Department at Stanford University (F32 NRSA). Throughout her years of research Dr. Rosen has focused on relating neuropsychological tests to novel measures of brain integrity to study older adults with mild cognitive declines. The ultimate goal is to make these imaging and brain stimulation tools directly helpful to older adults for diagnosis and clinical intervention.

Dr. Rosen's lab focuses on understanding, preventing, and treating the effects of age-related brain degeneration by applying neuropsychology and cutting edge models and techniques from cognitive neuroscience. These techniques include structural and functional imaging, clinical neuropsychology, and non-invasive brain stimulation. Her early work focused on healthy aging but now she is developing concrete ways of applying this work to enhance clinical care in older adults. One line of research focuses on how to prevent subtle cognitive decline associated with surgical interventions to prevent stroke. The other line of research is a multi-site fMRI grant focused on the most effective approaches to adapt transcranial magnetic stimulation (TMS) for depression to improve treatment effectiveness in older adults with age-related brain atrophy. Dr. Rosen also is strongly interested in ethics and neuroethics and led a feature in the Journal of Alzheimer's Disease on ethical issues in dementia.

Blake Scanlon, PhD

Blake K. Scanlon, Ph.D., is a VA Career Development Awardee at the Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC), Clinical Assistant Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, and Director of Training and Education at the Stanford/VA California Alzheimer's Disease Center. He also chairs the Dementia Committee for the VA Palo Alto Health Care System (VAPAHCS). Dr. Scanlon received his bachelor's degree in Neuroscience and doctorate in Clinical Health Psychology from the University of Miami. After concluding his clinical internship in Geropsychology/Neuropsychology at the VAPAHCS, he completed fellowships in Aging and Dementia at Stanford University School of Medicine and VAPAHCS.

The overarching aim of Dr. Scanlon's research is to develop and evaluate low-cost, pragmatic and clinically translatable methods for improving management of neurodegenerative disease and dementia. He heads the VA Caregiver Technology Laboratory that aims to enhance patient- and family-centered dementia care through novel, broadly customizable, and highly scalable caregiver interventions. The lab investigates how mHealth and burgeoning technologies can be harnessed to improve outcomes in family-centered dementia care. Ongoing work includes two federally-funded randomized controlled trials of education and skill-building interventions for dementia caregivers.

Dr. Scanlon also pursues a line of research that focuses on the development and application of cognitive, neuropsychiatric, and biological markers for the initiation and progression of neurodegeneration. This work investigates how clinical and experimentally derived markers interact with the ultimate goal of generating risk profiles for populations and individuals.

Joy Taylor, PhD

Dr. Taylor is the Associate Director of the Stanford/VA Aging Clinical Research Center and the Sierra Pacific MIRECC Dementia Core and a Clinical Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Her expertise includes modifiable risk factors for dementia, genetic risk factors, and correlates of brain/cognitive reserve, cognitive aging, and multivariate analysis of longitudinal data. In all, she has over 20 years of experience conducting observational and intervention research relevant to preventing or slowing cognitive decline. She uses neuroimaging and genetic approaches to both track the time course of preclinical Alzheimer's disease as well as elucidate mechanisms of "cognitive reserve" in which persons may continue to function normally in everyday life, despite early indications of brain dysfunction. Her research also examines cognitive changes in adulthood, using standard neuropsychological tests as well as "real world" measures in order to gauge competence in everyday life. To gauge normalcy of everyday function, her lab measures "real world" performance (such as performance in a flight or driving simulator) in addition to neuropsychological measures of cognitive status. She is primarily involved in two NIH funded projects: the "Alzheimer's Disease Neuroimaging Initiative" (Stanford site); and "Age-related longitudinal changes in aviator performance."

Julie Weitlauf, PhD

Dr. Weitlauf is Director of the Women's Mental Health Core at the MIRECC and a Clinical Associate Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Her clinical research interests relate to the intersection of women Veterans' physical and mental health, with particular emphasis on the impact of interpersonal violence and posttraumatic stress disorder on; a) psychosocial functioning, i.e., personal safety related behaviors, family and relationship conflict, sexual functioning; b) preferences and patterns of utilization for preventive women's health care; and c) salient co-factors (e.g., sleep and mood disturbance) associated with women's peri- and post-menopausal health and mortality risks. She is also actively involved in program evaluation efforts related to the effectiveness of the national career development award programs (NIH K awards, VA and AHRQ CDA awards), improvement of post-doctoral and early career mentoring relationships, and efforts to enhance career development of women in the medical sciences.

For Post Doctoral Fellows within the MIRECC program, Dr. Weitlauf views her primary role to be fostering independence and facilitating Fellows' progress towards securing competitive research funding and initiating their own laboratories. As such, she encourages early engagement in grant writing, and welcome trainees who want to "initiate" their own projects related to health/mental health functioning in women Veterans--particularly those

Veterans with prior exposure to interpersonal violence. That being said, she deeply understands each Fellow's need for research related products during their time on Fellowship. To that end, her lab offers ample opportunities for Fellows to mine large, archival databases replete with information on women Veterans physical and mental health, psychosocial functioning, health risk behaviors, and patterns of health care utilization--and to take a lead role in developing a series of meaningful manuscripts that can serve as the foundation of their future grants. There are opportunities for clinical and/or research related roles within her current clinical education project, which relates to the development of assessment and treatment standards for female sexual dysfunction in women Veterans (particularly those with prior interpersonal violence exposure). Finally, there will be both clinical and research related roles for trainees on a project, (set to begin in 2015), related to the association of sleep disturbance, mood and vasomotor symptoms in perimenopausal women Veterans with prior mental illness.

Lea Williams, PhD

Dr. Williams is a Professor of Psychiatry and Behavioral Sciences at Stanford University and at the Palo Alto VA. Prior to this, she was the Director of the Brain Dynamics Center (2001 to 2013) and foundation Professor in Cognitive Neuropsychiatry at the University of Sydney Medical School where she continues to hold an active courtesy position. Her PhD was awarded in 1996, and it was completed with a British Council scholarship for study at Oxford University. The research of Dr. Williams can be described as "personalized translational neuroscience", the goal of which is to identify biomarkers of mental disorder and of treatment outcomes that have value for patients and clinicians in real world practice. Her work is motivated by clinical needs, such as improving treatment outcomes for depression and by the need for a new model of mental disorder that incorporates brain mechanisms. She has contributed over 220 publications to the field. Her work has been recognized by the Presidential award of the American Society for Psychosomatic Medicine in 2008 and by a Pfizer Foundation Award for "high risk" biomedical research for 2005-10.

In Dr. Williams' lab, the focus is on neuroscience from a personalized point of view. The PanLab pursues two related goals. First, the lab aims to use advanced imaging and computational approaches to delve into the neural mechanism of mental disorder. Second, the lab aims to translate insights about the human brain into real world clinical care. The focus is on large-neural circuits that have been implicated in emotional functions, flexible thinking and self-referential insight, the very functions that are disrupted in mental disorders. To delineate these circuits we use multiple sources of information: Magnetic Resonance Imaging (MRI), EEG, tests of cognitive and emotional performance, and genomics. These sources of information are then integrated with self-reports of symptoms, daily function and quality of life. This information is then integrated with self-reports of symptoms, daily function and quality of life. This information is used to understand how individual variability in brain function and behavior relates to individual variability in symptoms and real-world outcomes. In some studies, modern computational techniques are used to identify new ways to classify brain dysfunctions. In other others, aspects of the brain and behavior are investigated to determine who will respond to a particular intervention and who is unlikely to respond. Current projects focus on the spectrum of affective disorders, including major depression, PTSD, panic, social anxiety, simply phobias, and bipolar type 1. Because the PanLab takes a cross-disorder point of view, the research embraces the heterogeneity of these disorders and their comorbidity with other disorders.

Jamie Zeitzer, PhD

Dr. Zeitzer is an assistant professor in Psychiatry at Stanford University and the VA Palo Alto Health Care System. He is a member of a variety of programs at Stanford, including the Program in Neuroscience, Center on Stress and Health, Center on Longevity, Program in Human Biology, Stanford Neurosciences Institute, and the Child Health Research Institute at Stanford. He obtained a bachelor's in biology from Vassar College (1993) and did his doctoral dissertation (neurobiology) on human circadian photoreception and melatonin physiology in the laboratory of Dr. Charles Czeisler at Harvard University (1999). Dr. Zeitzer did two post-doctoral fellowships, one in neurology, examining the role of neuromodulators in the control of human sleep in the laboratory of Dr. Charles Wilson at UCLA (2001), and the other in psychiatry, developing a primate model with which he examined hypocretin physiology in the laboratory of Dr. Emmanuel Mignot at Stanford University (2006). He has more than 60 peer-reviewed publications in the sleep and circadian fields.

Dr. Zeitzer's laboratory has two main areas of study. The first is an examination of the effects of light on human health. His lab specifically studies ways to use artificial lighting to augment processes governed by the circadian

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system, alertness centers, and mood regulators in humans. The second area of study is an examination of the reciprocal role of the circadian and sleep systems in various brain-based diseases or conditions, including Alzheimer's disease, breast cancer, spinal cord injury, depression, chronic pain, and traumatic brain injury. Dr. Zeitler studies these areas using both in my specialized in-patient laboratory here at the VA and in a variety of outpatient settings, as well as through collaborative efforts with people at Stanford and other institutions. His lab uses analyses of hormones, EEG, mobile balance, vision, gross motor activity patterns, and cognitive testing to accomplish their goals.